

# Annual Report of Individual Caregiver Information & Sub Hours Used

Caregiver Name: \_\_\_\_\_

Calendar Year: \_\_\_\_\_

This document is an **optional form to supply required information** to your licensor. Use one form per caregiver. If you choose not to use this form, ensure you have the information available for your licensor to take copies of.

Definition of caregiver types	
Second Adult Caregiver	<ul style="list-style-type: none"> <li>18<sup>+</sup>-year-old who works in a program with the license holder present</li> <li>Can work unlimited number hours in a program each calendar year</li> <li>Training requirements increase once individual works 500+ hours in calendar</li> </ul>
Substitute	<ul style="list-style-type: none"> <li>18<sup>+</sup>-year-old who works in the program with the license holder absent</li> <li>License holder may use a cumulative total of 500 hours of substitute care per calendar year</li> <li>Substitute name, days, and hours worked must be tracked</li> </ul>
Helper (Minors)	<ul style="list-style-type: none"> <li>13- to 17-year-old who assists with care of children, but does not supervise children</li> <li>Helpers can be used an unlimited number of hours each calendar year</li> </ul>

INITIAL: Substitute and second adult caregiver trainings – taken prior to providing care	
Date	Copies of certificates and / or Develop Learning Record required
	Sudden Unexpected Infant Death
	Abusive Head Trauma
	Basics of Family Child Care for Substitutes
	Pediatric first aid and CPR
	Emergency Preparedness Plan, license holder provides
	Specific child allergies, if applicable, license holder provides
	Program policies, license holder provides
	Alcohol & Drug Policy, license holder provides
	B.E.S.T., before transporting in a personal vehicle and placing a child under age 9 in a child passenger restraint
	Background study clearance date
	Physical exam report is required if an individual works <b>30+ days</b> in a 12-month period <ul style="list-style-type: none"> <li>The date of the exam must be within 12 months <b>before</b> the first day of contact</li> <li>Must be signed by an NP, PA, or MD only</li> <li>Copy supplied to your licensor</li> <li><b>If required, the date of the physical exam was:</b> _____</li> </ul>

INITIAL: Helper (minors) trainings – taken prior to providing care	
Date	Copies of certificates and / or Develop Learning Record required
	Sudden Unexpected Infant Death
	Abusive Head Trauma
	Emergency Preparedness Plan, license holder provides
	Specific child allergies, if applicable, license holder provides
	Program policies, license holder provides
	Alcohol & Drug Policy, license holder provides
	B.E.S.T., before transporting in a personal vehicle and placing a child under age 9 in a child passenger restraint
	Four additional hours of training of choice within the first 12 months

This individual's first date of contact caring for children	
	Date of first contact with children

Mark all that apply for this individual in the most recently finished calendar year	
	Worked as a <b>substitute</b> – complete the back of this form
	Worked <b>30+ days</b> in a 12-month period as substitute and / or a second adult caregiver
	Worked as a <b>second adult caregiver less than 500 hours</b> in the calendar year
	Worked as a <b>second adult caregiver more than 500 hours</b> in the calendar year
	Worked as a <b>helper</b> (minor)

ONGOING: Trainings for this individual in the last calendar year	
Date	For other required trainings, supply certificates and / or Develop Learning Record
	Emergency Preparedness Plan training – license holder provides
	Specific child allergies (if applicable) training – license holder provides

It is **REQUIRED** to track the name, date, and the number of hours substitutes work each calendar year. This is an optional tracking form.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hours
Jan																																
Feb																																
Mar																																
Apr																																
May																																
June																																
July																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																
Calendar year: _____																	Substitute name: _____										Total substitute hours worked					